SPRING 2013 APPLICATION

Classes start on January 28, 2013-Thursday May 16, 2013

DEADLINE: MONDAY, DECEMBER 10, 2012

**Students are accepted on a first come, first serve basis with Baruch College Now partner school students given a preference.

Return Application to:
College Now Office
Baruch College
55 Lexington Avenue, B5-237
New York, NY 10010
Attn: Tony Davis, Director of College Now

QUESTIONS?
Email us at collegenow@baruch.cuny.edu or call us at (646)312-4295 or (646)312-4297

Application Checklist:
(Before mailing in the application make sure you have ALL the documents below)
- Spring 2013 College Now Application
- College Now Student Application / Registration Form
- Baruch College Undergraduate Non-degree Student Application Form A2
- Baruch College Immunization Record
- MMR Form
- Parent/Guardian Notification and Consent Form
- SAT scores
- High School transcript
Spring 2013 College Now Courses

Classes start on January 28, 2013 - May 16, 2013

**DEADLINE: MONDAY, DECEMBER 10, 2012**

If seats are full before the deadline student will be waitlisted.

*To enroll in a College Now course, a student must meet the following criteria:*

- At least a 50 on the PSAT Critical Reading or at least a 480 on the SAT Critical Reading or at least a 75 on the English Language Arts Regents Exam

AND

- At least a 50 on the PSAT Math or at least a 480 on the SAT Math or at least a 75 on the Mathematics A or the Sequential II Regents Exam

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**BUS 1000: INTRODUCTION TO BUSINESS**  (3 CREDITS)

Monday and Wednesday, 4:10 – 5:25pm

OR

Tuesday and Thursday, 4:10 – 5:25pm

Business 1000 gives students an overview of the study of business early in their college studies so that they can decide which field to major in and how the world of business works. The class is broken in four distinct parts - finance, marketing, management and an introductory section that covers ethics, global business and economics. Each of these parts covers the basic concepts found in one of the areas a student might select as a major. Each section also covers the current issues in today's business world. These are the kinds of topics likely to be encountered in the current business press. Lectures are supplemented with real world case histories designed to highlight a specific topical, and often controversial, issues.

**COM 1010: SPEECH COMMUNICATION** (3 CREDITS)

Tuesday and Thursday, 4:10 – 5:25pm

This course provides training and practice in the preparation and delivery of original speeches; encourages the use of clear, easy and unaffected American English; and cultivates the student’s sensitivity to the intellectual and ethical aspects of communication.

**ENG 2100: ENGLISH WRITING I** (4 CREDITS)

Tuesday and Thursday, 3:45 – 5:25pm

This is an intensive course dealing with the organization and development of ideas in coherent, interesting, effective essays. It emphasizes the interpretation and evaluation of a variety of prose forms with the aim of extending a writer’s options for organizing and developing various kinds of subject matter. Students are
required to write a research paper. The work of the course is conducted in classroom, small-group, and one-on-one sessions.

**FIN 1601: PERSONAL FINANCE (3 CREDITS)**

Monday and Wednesday, 4:10 – 5:25pm

Discusses the problems involved in efficient handling of personal finance and consumption expenditure, including consumer protection, taxation, insurance, home financing, and methods of borrowing and investing money.

**LAW 1101: FUNDAMENTALS OF BUSINESS LAW (3 CREDITS)**

Monday and Wednesday, 4:10 – 5:25pm

This course provides an understanding of the nature of law and its role in business. The law of business contracts will be examined in depth. Other topics include tort liability, employment law, and bankruptcy. The course requires case analysis, problem solving, development of critical thinking skills, and oral and written communication.

**POL 1101: AMERICAN GOVERNMENT: PRACTICES AND VALUES (3 CREDITS)**

Tuesday and Thursday, 4:10 – 5:25pm

An analysis of democratic ideas and practices, with special reference to the American Constitution and the democratic process in the United States.

**PSY 1001: GENERAL PSYCHOLOGY (4 CREDITS)**

Monday and Wednesday, 3:45 – 5:25pm

OR

Tuesday and Thursday, 3:45 – 5:25pm

This course introduces students to the scientific study of human behavior. It covers the basic psychological processes of thinking, motivation, perception, learning, and the significance of the brain in mediating these processes. It examines the normal personality, how it develops, and how it functions in a social context. Psychological disorders are also discussed. Students select from the following: three hours of participation in a library research workshop on psychological topics; or preparation of a proposal for a simple experiment.
BARUCH COLLEGE
SPRING 2013 COLLEGE NOW APPLICATION

First Name: _________________________________ Last Name: _________________________________

High School: _________________________________ Grade: ___________

Cell phone: _________________________________

Email address: ___________________________________________________

English Regents Grade _______ Math A/Sequential II Regents Grade _______

SAT Critical Reading _______ SAT Math _______

PSAT Critical Reading _______ PSAT Math _______

Please indicate your first three course choices, in order of preference. If you do not have a 2nd or 3rd choice, leave this option blank. College Now cannot guarantee that you will be accepted into your first choice. Conditional acceptance letters will be mailed to students who meet the criteria contingent upon student/s RSVP for a mandatory orientation prior to the start of the course. Failure to attend orientation will lead to forfeiture of your seat.

1st Choice Course Name ________________________________________________________________

1st Choice Course Day(s) & Time _________________________________________________________

2nd Choice Course Name _______________________________________________________________

2nd Choice Course Day(s) & Time _________________________________________________________

3rd Choice Course Name _______________________________________________________________

3rd Choice Course Day(s) & Time _________________________________________________________
To be completed by Student

Student OSIS #   Social Security #

Please use all CAPITAL letters

Last Name   First Name
Street Address   Apt. #
City   State   ZIP   Home Phone

Date of Birth (mm/dd/yy)   Sex (M or F)   Race
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Country of Origin   Native Language

To be completed by 'College Now' staff

HS ETS Code   High School Name

33 -

Semester   CUNY College
Spring 2013   Baruch College

College Now Activity Type

If course is a non-credit course, enter 0.0 for 'number of credits'

1 College Course........... Catalog Course Number   Number of Credits  3.0

2 College Course........... Catalog Course Number

Check one box only

One High School Credit Course   Two High School Credit Courses   Three High School Credit Courses

4 Other College Now Course or Workshop (not checked elsewhere)

5 Other College Now Course or Workshop (not checked elsewhere and different from the above workshop)

College Now Contact Name: Tony Davis   Phone: (646) 312-4295
UNDERGRADUATE NONDEGREE STUDENT APPLICATION FORM A2

Application for: **Spring 2013**  
Application for: Non-degree (students who do not have a bachelors degree)

Social Security number: _____ _____ - _____ - _____  _____  _____  _____  _____  Date of Birth:  

______

Mr. □  Ms. □

LAST  FIRST  MI

Street Address: ___________________________________________________________Apt. No.:  

City: ______________________ State: ___________________ Zip: ________

Length of time at the above address ______  
Length of time in NYC ______  in NYS ______  

Telephone: Day – (____) __________________ Evening – (____) __________________

Email Address: ____________________________________________________________

High School: ______________________________________________________________

Are you a U.S. Citizen? □ YES  □ NO

If no, state the Country of Birth: __________  Country of Citizenship: __________

Immigration Status:

□ U.S. Permanent Resident:  

Alien Registration Card#  Date Issued  Expiration Date

□ Other:  

__________________________________________________________  
Please Specify Type of visa

I hereby certify that the statements on this application and all the supporting documents are true. I realize that fraudulent information may affect my status at Baruch College.

__________________________________________________________  
Signature  Date
***Please note that the following two forms MUST be filled out completely or your application to the College Now Program will not be processed.

**Immunization Record Form** (to be filled out by parent or guardian)

AND

**Measles / Mumps / Rubella (MMR)** (to be filled out by physician or school nurse)
A copy of your high school medical forms can be submitted instead of the MMR form, so long as the form includes your high school stamp.
**Baruch College**  
**Medical Records Unit**  
**IMMUNIZATION RECORD**

**Part I: To be Completed by the Student**

Last Name: ___________________________   First Name: ____________________________

Date of Birth: _________________  Social Security#: _____-____-_____  Day Phone: (_____) _____-______

Month   Day  Year

Address: __________________________________________________________________________

Street  City  State  Zip

**Part II: To be Completed and Signed by Student of Parent/Guardian for Student under the age of 18**

MENINGOCOCCAL MENINGITIS: Please review the attached information regarding the meningococcal disease.

**CHECK ONE (1) BOX ONLY, THEN SIGN BELOW:**

☐ Had the Meningococcal Meningitis Immunization (Menomone) within the past 10 years.
  Date Received: ______________
  Month/Year
  (Note: The Vaccine’s protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3 – 5 years)

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease.  
  I understand the risks of not receiving the vaccine.  I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signature __________________________________________________  Date ___________________

Parent/Guardian (if student is under the age of 18)

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring institutions, including colleges and universities, to distribute information about Meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law became effective on August 15, 2003 (prior to the Fall 2003 semester).

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults, 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States (types A, C, Y and W-135). These types account for nearly two thirds of meningitis cases among college students. To learn more about meningitis and the vaccine, please consult your (child’s) physician. You can also refer to the following websites: The New York State Department of Health **[www.health.state.ny.us]**; The center for Disease Control and Prevention **[www.cdc.gov/ncidod/dbmd/diseaseinfo]**; or The American College Health Association **[www.acha.org]**.
Measles / Mumps / Rubella (MMR) Information

Part III. To be Completed and Signed by a Health Care Provider. Health Care Provider or School Nurse MUST stamp the form with their personal stamp or provide a copy of your high school health record with the school stamp.

The New York State Department of Health has recommended that if a second dose of measles vaccine is needed, a combined MMR vaccination be given to ensure additional protection against rubella and mumps. The following are requirements based on N.Y.S. Immunization Law.

Check appropriate statement:

A. MMR (Measles, Mumps, Rubella) if given as a combined dose instead of individual immunizations.
   --1. Does 1 – Immunized after 1972 (and after 12 months of age) …………………………………. ___/___/___
   --2. Dose 2 – 30 days or more after Dose 1 (and after 15 months of age) ………………………….. ___/___/___

B. Measles (Ruboela)
   --1. Has report of immune titer. Copy of laboratory report must be included …………………….__/___/___
   --2. Dose 1 – immunized with live measles vac. After 1/1/68 (and after 12 months of age) ………. ___/___/___

C. Rubella
   --1. Has report of immune titer. Copy of laboratory report must be included …………………….__/___/___
   --2. Immunized with live vaccine after 1/1/69 (and after 12 months of age) …………………. ___/___/___

D. Mumps
   --1. Has report of immune titer. Copy of laboratory report must be included …………………….__/___/___
   --2. Immunized with live vaccine after 1/1/69 (and after 12 months of age) ………………………. ___/___/___

(NOTE: The New York State Board of Health does not accept a Doctor’s diagnosis for the Measles, Mumps, and Rubella (MMR). All students must provide exact dates of receiving the MMR vaccines or a copy of the immune titer).

E. Medical Waiver

If one or more required immunizations may be detrimental to the student’s health or is otherwise medically contraindicated, the vaccination requirement shall be waived until such immunization is determined no longer detrimental to the student’s health or otherwise medically contraindicated. A physician, physician's assistant or nurse practitioners written statement must be attached that specifies those immunizations that may be detrimental and the length of time that they are detrimental. The written statement must be submitted with a medical exemption form

F. Religious Exemption

A summary of the religious beliefs, which prohibit immunization. This statement must describe the beliefs in sufficient detail to allow a determination that (a) the beliefs are religious in nature (not philosophical) and (b) the beliefs are genuinely and sincerely held.

Health Care Provider (Physician or other) Provider’s Stamp and Signature Are Required

Name ______________________________________________________________ Address __________________________________________________________

Signature ______________________________________ Telephone # (______) ______ - ____________
I am aware that __________________________ is participating in the City University of New York College Now program and that the instructional activities will take place at Baruch College, which is located at 55 Lexington Avenue, New York, NY 10010. The program will take place in the spring semester, January 28–May 16, 2013.

I understand that my child may travel to the college site by various forms of public and private transportation. I understand that there may be risks involved in my child’s departure from his/her home or school without adult supervision, and I assume those risks on behalf of my child and myself.

To help increase awareness of College Now for other city students, I give permission for The City University of New York (CUNY) to use my child’s

- image or photograph,
- name,
- high school affiliation, and/or
- written and/or recorded oral statements made in or about College Now

solely for CUNY’s non-commercial purposes, including promotion of the College Now program and use on CUNY TV and cuny.edu, in any manner or media, now and in the future, throughout the world.

Signature of parent/guardian __________________________ Date __________________________

Printed name of parent/guardian __________________________ Home telephone __________________________

Cellular and/or work phone __________________________ Email address __________________________

Name of emergency contact __________________________ Emergency contact telephone __________________________

I consent to the use of my image or photograph, name, high school affiliation, and/or written and/or recorded oral statements made in or about College Now as described above.

Signature of student __________________________ Printed name of student __________________________ Date __________________________